

NORTHAMPTONSHIRE COUNTY COUNCIL  
EDUCATION COMMITTEE

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# **ANNUAL REPORT**

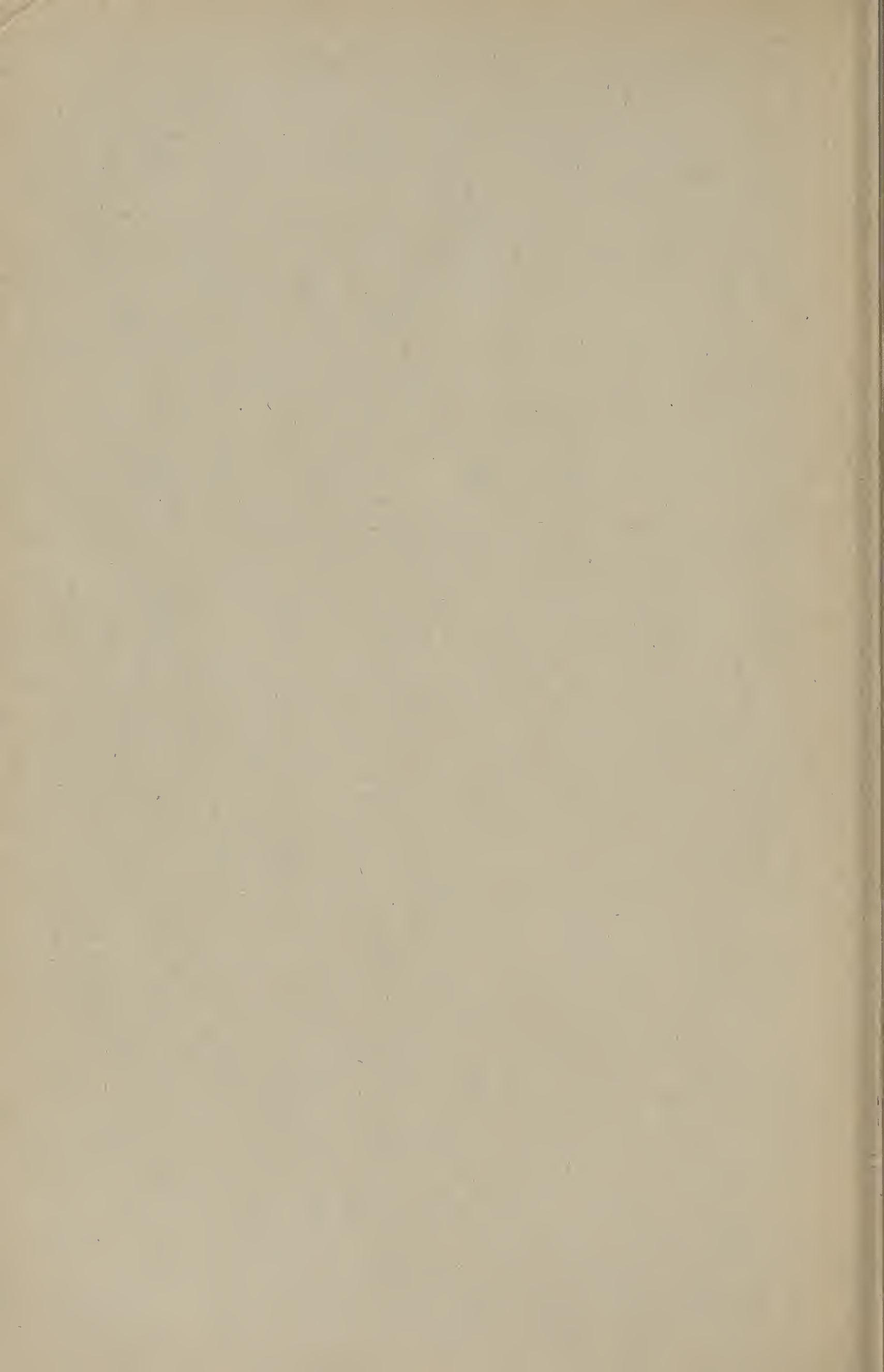
OF THE

**PRINCIPAL  
SCHOOL MEDICAL OFFICER**

FOR THE YEAR

**1957**

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COUNTY HEALTH DEPARTMENT,  
GUILDHALL ROAD,  
NORTHAMPTON.

May, 1958.

TO THE MEMBERS OF THE  
NORTHAMPTONSHIRE EDUCATION COMMITTEE.

I have pleasure in presenting the fiftieth Annual Report to the Education Committee.

The occasion has prompted me to read the first Annual Report written in February, 1908, by Dr. Charles E. Paget, who was then County Medical Officer of Health. Dr. Paget selected as the most suitable introduction to the first report on the results of medical inspection in this County the following quotation from an Official Memorandum of 22nd November, 1907 :

“ 1. The Education (Administrative Provisions) Act, 1907,\* in so far as it concerns the medical inspection of school children, is the outcome of a steady movement of public opinion throughout the entire community. For some years past evidence has been accumulating that there exists in certain classes of the English people a somewhat high degree of physical unfitness which calls for amelioration, and, as far as possible, for prevention. The Legislature resolved that to grapple effectively with this problem, or at least part of it, it was necessary first to improve the health conditions, both personal and in regard to environment, of the children of the nation. A consideration of the gravity of the need led to the conclusion that medical inspection of school children is not only reasonable but necessary as a first practical step towards remedy. Without such inspection we not only lack data, but we fail to begin at the beginning in any measure of reform. The reasonableness of such inspection, if it is conducted on sensible lines leading to an improvement of the surroundings and physical life of the children, must become evident both to the parents and to the nation as a whole.”

Clear evidence of “ some high degree of physical unfitness ” was

\* The Act came into operation on January 1st, 1908.



contained in the Report of the Inter-Departmental Committee on Physical Deterioration (1904) which had been appointed because of the high proportion of recruits found unfit for military service at the time of the Boer War. Indeed, this Committee made a number of important recommendations not the least of which was—“ The Committee are emphatic in recommending that a systematised medical inspection of children at school should be imposed as a public duty on every school authority. . . .”

It is a fact from which future historians may draw their own conclusions that the School Health Service owed its inauguration to the Boer War, that the introduction of the Maternity and Child Welfare Service followed the first World War and the National Health Service was introduced after the end of the second World War.

From Dr. Paget's first report, we learn that the first School Medical Officer, a Dr. H. L. P. Hulbert, who had been acting as Assistant School Medical Officer in Manchester, was appointed in September, 1908, and took up duty on 1st October following, at a salary of £350-£400 p.a. Much of the first report is taken up with the organisation of the Service, with the preparation of circulars to the head teachers, notices to parents and so on. One circular is of interest—M.I. 11. “ This is a circular preliminary letter to managers of schools informing them of the procedure under the Act of Medical Inspection of Children in their schools, and that arrangements would be made for a personal conference between the School Medical Officer and any managers who might like to see him at the end of his inspection of the school, due notice of which would be sent to each manager. The hope was expressed that by this means, many managers might be enabled to help parents to obtain medical advice or assistance for those children who are found, as a result of inspection, to require it.”

What were the results of these early school medical inspections? Head cleanliness was average in 88.1%, moderate in 9.8% and bad in 1.9%, but the standards were not defined. In body cleanliness, the average was 91% for boys and 89% for girls. Dr. Paget comments :

“ It must be remembered, however, that with nits present in the long hair of girls, some spread of vermin to the skin on the

back is likely to occur unless the head condition is recognized and dealt with at an early stage of uncleanness."

When, in later years, it became fashionable for girls to have their hair short, the standard of head cleanliness improved greatly. Certainly, hygiene was indebted to fashion but later, "permanent waves" that are neither washed nor combed presented the same problem that confronted Dr. Paget; the "pony tail", I am told, requires to be well brushed, so that this fashion should never give the school nurse any concern at her head inspections.

Dr. Paget was concerned about the condition of the children's teeth.

"There is plain evidence of less care of the teeth than of general conditions of nutrition and cleanliness of skin. . . . There was an absence of decay in only 35.6 per cent of the total number of boys and girls examined; the percentage for the boys alone was 36.1 as against 34.9 for the girls. In view of these facts as to cleanliness and decay, there is evidently scope for a more extensive use of the tooth-brush."

Presumably, the examinations were not made with a dental probe and mirror so the findings are not strictly comparable with those now made at dental inspections. Subject to this reservation, the Chief Dental Officer, Mr. D. H. Goose, advises me that 50 years ago, children had cleaner teeth than now. In 1908, roughly 70% of children had clean mouths compared with 46% in 1957. From one of the tables in Dr. Paget's report, Mr. Goose has calculated that the mean number of decayed, missing and filled teeth per child was about 2.2. In 1957, the corresponding figure was 4.7. From these figures, it seems beyond doubt that on an average the modern child is much worse off as far as dental health is concerned.

On the subject of tonsils and adenoids, Dr. Paget's views are in accord with modern clinical opinion :

"Simple enlargement of tonsils, which are usually of merely temporary nature, need not be regarded with concern, and treatment of a surgical kind is seldom indicated except when the enlargement is great and chronic in character. Similarly, in my opinion, surgical interference with adenoid conditions is less often called for than is popularly supposed to be necessary in very young children."



On the subject of deafness, Dr. Paget reported that "hearing of such a defective character as to interfere with class work was demonstrable in only four cases out of the 711 children examined". Moderate deafness was found in a further 15 cases so that normal hearing was ascertained in 97.3% which figure is regarded as eminently satisfactory.

The doctor was not so satisfied with the speech of children. He wrote :

"It is somewhat less gratifying to find that, in spite of a high percentage of normal perception to sound, the summarised records of indistinct speech should be so large. . . ."

How does the present service compare with 1908? The aims are still the same—"to improve the health, conditions, both personal and in regard to environment of the children". The system of routine inspections is on much the same lines. With advances in medicine, the examinations are probably now more intensive and more detailed, for example, most school doctors examine every child's ears with an auriscope and there is more knowledge of the significance of heart murmurs.

Children are now definitely cleaner, better nourished and better cared for than 50 years ago. The chief diseases which have altered in incidence since 1908 are rickets which has been made a clinical rarity by the discovery of the preventive value of cod liver oil and sunshine, and tuberculous disease of gland, bone and joint which has been greatly reduced by the eradication of bovine infection and the pasteurisation of milk supplies. There has also been a fall in the incidence of rheumatic fever. The infectious diseases, on the whole, are now very much reduced in severity while certain of these diseases have been effectively controlled by preventive measures. Diphtheria, a disease at one time greatly to be feared is now, as a result of immunisation, practically unknown. Enteric fever is now a rare disease following the introduction of piped water supplies, and whooping cough as a result of vaccination has lost much of its terrors.

An essential difference between 1908 and 1957 lies in what can be done for the child who is found defective at medical inspection. In 1908, no medical treatment of any kind was provided by the Authority. Parents received a card informing them of the dis-



covery of a defect together with a " recommendation that medical advice should be obtained without delay ". In the report for the following year, the results of enquiries made three months later showed that defects had been dealt with in about half the cases. If a child required in-patient treatment a " hospital letter " had to be secured. Consultation with the family doctor meant a fee unless there was a club practice arrangement.

Now, with the co-operation of the family doctor, the full scope of all the services under the National Health Service are available and the only services that the Authority provides are dental treatment, child guidance and speech therapy.

Special educational treatment in 1908 was unknown because there were then no special schools for backward children and there are no records that pupils were sent to schools for the blind or deaf. As will be seen from later pages of this report, a considerable number of handicapped pupils are now attending special schools.

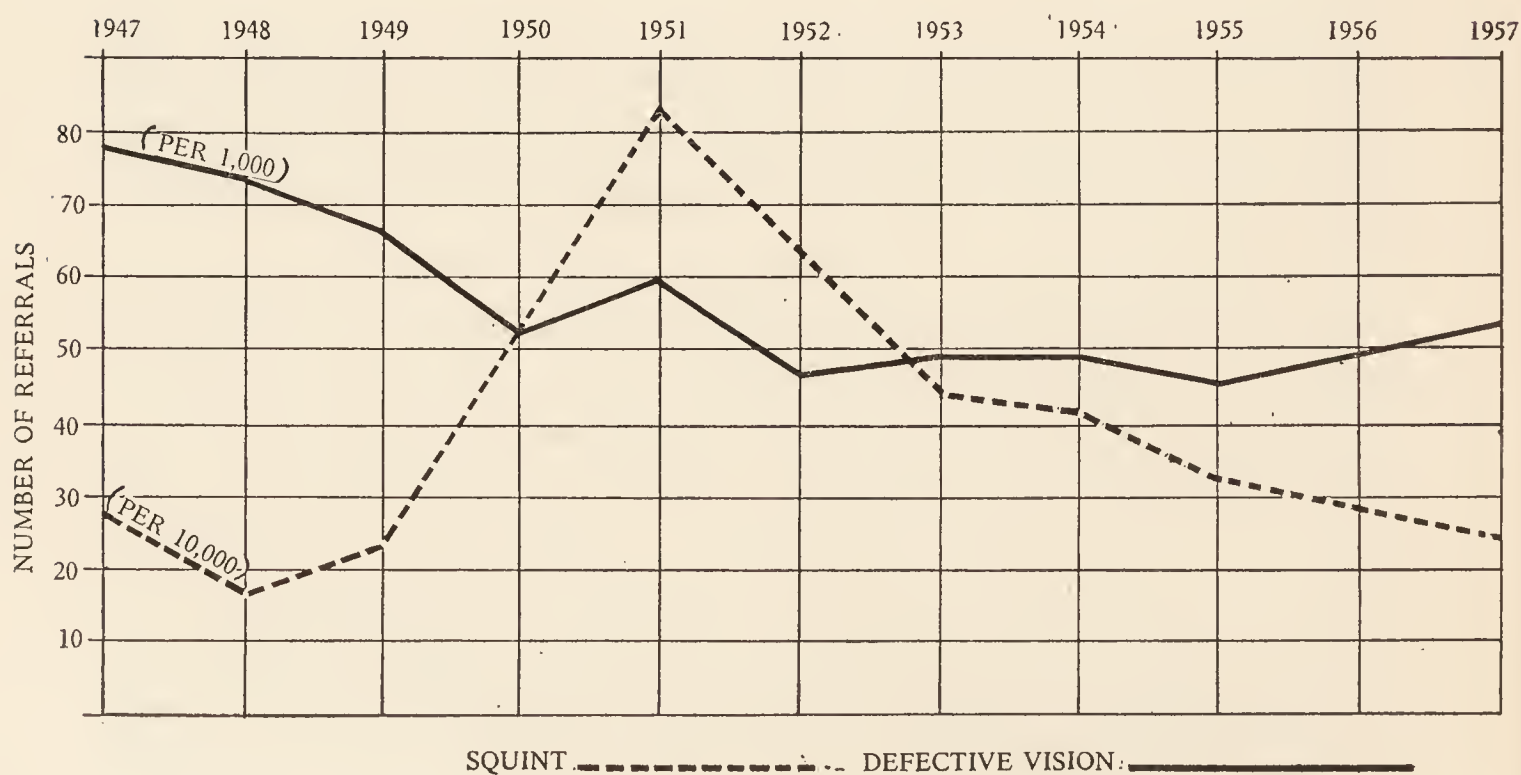
After this brief reference to the changes in the personal health of the children, it is appropriate to comment on environment and there is surely as much improvement in this field also. Modern buildings erected since the War are models of school hygiene, in striking contrast to some of the country schools of 50 years ago with inadequate lighting, heating and ventilation and primitive sanitation. In the towns also, the later Victorian schools with the sanitary block in the playground compare unfavourably with the modern version.

To turn now to some of the events of last year, there was an increase in vaccinations, both against poliomyelitis and tuberculosis resulting in a slight reduction in the number of routine inspections.

The Committee, after considering a statement from the Ministry of Health, on smoking and lung cancer, authorised the Chief Education Officer and myself to discuss the subject with head teachers of secondary schools. The Health Committee had meantime accepted my recommendation that the County Councils Association should be advised to represent to the Minister of Health that health education and propaganda on this subject should be carried out on a National scale by the Ministry on somewhat similar lines to the campaign against diphtheria which was so successful. The County Councils Association endorsed the views of the County Council.

The right approach to school children on the dangers of smoking needs very careful consideration. Young people are not to be influenced by the risk of lung cancer which may overtake them many years later. Is the approach to be on the grounds of what can be bought with the money spent on cigarettes? A London head teacher showed his class a new camera over which there was much "Cooing" of envious admiration and the inevitable school-boy's, "How much, Sir?"—the answer, "Five cigarettes a day for 18 months," or some such reply. Despite the strong acquisitive instincts of boyhood, I doubt if this approach would be found successful. The problem is much more difficult because tobacco smoking is identified in the adolescent mind with being mature, independent and successful and it is this aspect of the appeal of smoking that has to be faced. As I have heard it put by a colleague, tobacco smoking has to be debunked and deglamourised in the mind of the school child and there are very strong forces to be countered. The head teachers, when the Chief Education Officer and I meet them, will, I am sure, be able to put forward useful and practical suggestions.

Another topical subject on which I would comment is television and children's eyesight. An increasing incidence of squint has been attributed to watching television. Dr. M. J. Pleydell, my Deputy, made enquiries into squint and defective vision in the County since 1947 and his findings which are contained in Table A in the report are shown in the following chart.



It is perfectly clear that in Northamptonshire, at any rate, watching television cannot be blamed for an increasing incidence of squint because the peak year is 1951. Dr. Peter Henderson, the Senior Medical Officer at the Ministry of Education who has seen the chart has told me that for some unexplained reason, throughout the country, 1951 was the peak year for squint.

How long should a child be permitted to watch television? On the wireless, I recently heard an ophthalmologist advising, "Not more than an hour," to which I would add—

- (a) the child should have his eyes about level with the screen and not straining at an angle upwards from a sprawling position on the floor.
- (b) he should sit as far back from the screen as will allow a clear picture to be seen.
- (c) any set that does not give a clearly defined image should not be watched by children—or anyone else.
- (d) if a child has a squint or any other defect of vision, the period of watching should probably be reduced to half an hour.

An epidemic feature of the year was the visitation of Asian Influenza which descended on the County in September. Records of day to day absences are not available, but many head teachers kindly advised me of the extent to which their schools were affected. In one large secondary modern school at one time almost half the pupils were affected—207 out of 436. In a junior school of 434 pupils, the attendances were normal one week but by the following Monday morning they had fallen to 80%, about 90 pupils being absent. In a school of 147 pupils, the attendances fell as low as 20%. In a secondary modern school of 250 within three days the attendances fell from 60% to 40%.

This letter was opened with a reference to Dr. Paget who wrote his first report early in the year, in February. He lived at Great Houghton and was driven to Northampton daily in his brougham. In his diary which I once had an opportunity of perusing, my eye caught this entry, "Very wet to-day—did not go to the office". I like to think that Dr. Paget really stayed at home to write his first annual report early in the year and so set an example which, regrettably, some of his successors have not always been able to emulate !



I would again express my thanks to the members of the Committee for their interest and support and to all my colleagues for their assistance.

I have the honour to be,

Your obedient servant,

CHARLES MILLIKEN SMITH,  
*Principal School Medical Officer*



## STAFF

### *Principal School Medical Officer—*

C. M. Smith, O.B.E., M.A., M.D., D.P.H.

### *Deputy Principal School Medical Officer—*

M. J. Pleydell, M.C., M.D., D.P.H.

### *School Medical Officers—*

P. X. Bermingham, M.B., Ch.B., B.A.O., D.P.H.

A. Lucas, L.R.C.P.E., L.R.C.S.E., L.R.F.P.S.G., D.P.H.

H. A. H. Summers, M.B., B.Ch., B.A.O., D.P.H. (to 8th February).

A. N. Pickles, M.B., Ch.B., D.P.H.

J. Carroll, M.B., Ch.B., B.A.O., D.C.H., D.P.H.

Joan M. St. V. Dawkins, M.B., B.S., D.P.H., D.C.H. (from 23rd April).

Muriel C. Goodchild, M.R.C.S., L.R.C.P., D.C.H.

Mary G. H. Dickson, M.R.C.S., L.R.C.P., D.P.H.

Jean F. Croll, M.B., Ch.B.

Marjorie Smail, M.R.C.S., L.R.C.P., D.C.H., D.P.H.

### *Principal School Dental Officer—*

D. H. Goose, B.Sc., B.D.S.

### *School Dental Officers—*

C. M. Perry, L.D.S.

R. J. H. Corfe, L.D.S.

R. D. R. Hopkinson, L.D.S.

Mrs. F. M. Jones, L.D.S. (full-time from 1st October).

### *Ophthalmologists—*

S. H. G. Humfrey, M.R.C.S., L.R.C.P., D.O.M.S.\*

R. C. Jack, M.B., F.R.C.S., D.O.M.S.\*

Mrs. N. M. Oughton, M.B., Ch.B., D.O.\*

### *Psychiatrists—*

P. H. Rogers, M.B., B.Ch., M.R.C.P., D.P.M.\*

N. V. Wilkinson, M.B., B.S., D.P.M.\*

\* On the staff of the Oxford Regional Hospital Board and working in clinics administered by the Local Education Authority.

*Educational Psychologist—*

Miss D. V. Scott, M.A.

*Social Worker—*

F. D. Payne (from 1st May).

*Speech Therapists—*

Miss E. Mathias, L.C.S.T.

Miss M. Gossling, L.C.S.T.

*School Nurses—*

Assistant Nursing Officer and Health Visitors, equivalent of 13.2 full-time nurses.

*Dental Attendants—*

Seven whole-time attendants are employed.

No. of schools in the Authority's area at 31st December, 1957 :

Primary .....	248
Secondary Technical .....	4
Secondary Grammar .....	9
Secondary Modern .....	26
Nursery schools .....	2
Special schools .....	4
	<hr/>
Total .....	293
	<hr/>

Average number of pupils on the registers during the year : **44,033.**

## SCHOOL MEDICAL INSPECTIONS

Although the strength of the school medical staff was equivalent to 3.36 full-time officers as compared with 3.34 last year, the amount of time taken up with B.C.G. and Poliomyelitis vaccinations was increased, so that the total number of children examined was 12,656 as compared with 13,245 in 1956.

One indication of the value of these examinations is shown by the number of individual children found to require treatment ; of the 3,931 entrants 8.2%, of the 3,449 ten-year-olds 10.0%, of the 1,462 leavers 11.0% and of the 1,102 other periodic examinations 12.8%. As will be seen from Tables II and III at the end of this report, the greatest number of defects requiring treatment were of eyes (errors of refraction), followed by orthopaedic (flat feet, poor posture, etc.), and abnormal conditions of the throat (chiefly enlarged tonsils and adenoids).

## CO-OPERATION WITH FAMILY DOCTORS AND SPECIALISTS

If a School Medical Officer desires information about a case that has been seen at hospital I write to the family doctor asking him to be good enough to lend me any clinical reports he has obtained, and I have pleasure in thanking the practitioners for the reports which are invariably received. An abstract of the clinical data is made before the letters are returned to the doctor and in this way adequate information is obtained about the case without having to write to the hospital consultants. As in previous years, the hospital consultants have been most co-operative in submitting full reports on cases referred to them.

## EDUCATIONALLY SUB-NORMAL CHILDREN

One hundred and thirty children were examined following reports from head teachers and school doctors of failure to maintain progress at school. These special examinations were undertaken only after careful consideration of progress reports submitted by the teachers.

The following recommendations were made by the medical officers :

Recommended for admission to a day or boarding special school .....	63
--	----

Recommended for report to the Local Health Authority as incapable of benefiting by education at school (Education Act, 1944, Section 57(3) ) .....	7
Recommended for report to the Local Health Authority as incapable of receiving education at school on the ground that it is inexpedient that he/she should be educated in association with other children (Education Act, 1944, Section 57(4) ) .....	3
Recommended for report to the Local Health Authority for supervision after leaving school (Education Act, 1944, Section 57(5) ) .....	7
Recommended special help in an ordinary class .....	9

As will be seen from Table V 148 children require places in special schools for educationally sub-normal pupils. In actual fact 53 of these pupils are now aged 13 years or over and are possibly too near school leaving age to make their admission to a special school worthwhile. Another 26 children are under the age of nine and the Authority does not admit pupils to educationally sub-normal special schools until this age. In a number of other cases the parents have refused to allow their children to be sent to a special school.

### OTHER HANDICAPPED PUPILS

**Blind.** One pupil has been certified as blind, and one placed in a boarding special school. The Authority has eight pupils in residential schools for the blind.

**Partially Sighted.** One new case has been reported and one pupil was admitted to a special school. Eight partially sighted pupils are now in residential special schools.

**Deaf.** Two totally deaf pupils were placed in special schools. At the end of the year 14 pupils were receiving education in boarding schools for the deaf.

**Partially Deaf.** Three children were ascertained as partially deaf, and three are already receiving education in special schools.

**Delicate.** Fourteen new cases were reported and 15 admissions to special schools were arranged. At the end of the year 26 pupils



were in attendance at special schools. Most of these pupils attend the Physically Defective Department of the Kingsley Special School, Kettering.

**Physically Handicapped.** Four new cases were reported and four were admitted to special schools. At the end of the year 35 physically handicapped pupils were receiving special educational treatment.

**Maladjusted.** Ten pupils were placed in hostels or boarding special schools and 16 new cases were ascertained. On 31st December 16 children were attending hostels and 10 were attending special boarding schools outside the County.

**Epileptic.** Three epileptic children are being educated at boarding special schools. One other case was newly ascertained.

**INFECTIOUS DISEASES**

A brief reference to the outbreak of Asian Influenza is made in the introductory letter.

The following special reports of outbreaks of infectious disease were submitted by head teachers during the year. (The figures in brackets refer to the previous year.)

<i>Whooping</i>				
<i>Cough</i>	<i>Chicken Pox</i>	<i>Influenza</i>	<i>Mumps</i>	<i>Measles</i>
6	14	2	17	34
(5)	(18)	(2)	(11)	(12)
<i>German Measles</i>		<i>Scarlet Fever</i>		
5		13		
(12)		(31)		

**MEDICAL EXAMINATION OF TEACHERS**

The medical staff examined 107 candidates for admission to teachers' training colleges and 21 entrants to the teaching profession. Of these examinations, six were carried out on behalf of other authorities, whilst medical officers from other authorities examined two Northamptonshire candidates. An X-ray examination of the chest was always included. None was found unfit to teach.

## **MEDICAL EXAMINATION OF CHILDREN IN PART-TIME EMPLOYMENT**

Fifty school children who were in part-time employment were examined by the school medical officers. In two cases it was considered that such employment would be prejudicial to health and the Chief Education Officer was advised accordingly.

### **DEFECTIVE VISION**

The Oxford Regional Hospital Board allocated to us 211 sessions. There was a decrease in the number of children examined, namely, 2,830 as compared with 3,136 last year. In all, 715 appointments were not kept, but of this number 413 children were seen after follow-up by the health visitors.

The orthoptist to the Kettering Hospital Management Committee attends the school eye clinics at Corby and Rushden and at her orthoptic clinics a total of 3,067 attendances were made by school children from the Corby, Kettering and Rushden areas.

### **Squint and Defective Vision Survey**

An analysis has been made of the number of cases of squint and defective vision ascertained at medical inspections over the past eleven years. The figures given in the following table (Table A) show, for each year, the number of children examined and the number found to require treatment for squint and defective vision. In addition column 3 gives the number (and percentage) of Entrants included in the total number of children seen : it is generally believed that younger children show a higher incidence of squint. So far as squint is concerned, the outstanding feature of the findings is the very high number of children found to require treatment for this condition in 1951. The figures in Table A are shown in the chart in the introductory letter, where further comment is made on this subject.

Table A

Year	Total No. Examined	No. of Entrants	Percent- age of Col. 2	No. WHO REQUIRED TREATMENT			
				<i>Squint</i>	<i>No. per 1,000 Examined</i>	<i>Defect- ive Vision</i>	<i>No. per 1,000 Examined</i>
1	2	3	4	5	6	7	8
1947	14,210	3,580	25	37	2.60	1,117	78
1948	14,902	4,226	28	25	1.67	1,135	76
1949	14,621	4,695	32	33	2.25	1,006	68
1950	12,425	3,995	32	64	5.15	635	51
1951	14,478	4,004	27	122	8.42	875	60
1952	12,753	3,478	27	82	6.43	606	47
1953	12,261	3,479	28	54	4.40	605	49
1954	17,490	4,890	28	73	4.17	857	49
1955	16,154	4,780	29	55	3.40	755	46
1956	13,195	3,340	25	39	2.95	651	49
1957	12,426	3,931	32	30	2.41	653	52

## EAR, NOSE AND THROAT CLINICS

The arrangement whereby children are referred to the ear, nose and throat specialists after consultation with the family doctors was continued satisfactorily. Many of the 531 school children who received operative treatment for enlarged tonsils and adenoids were referred from the Department.

Seven children attended the clinic for young deaf children in Leicester and 33 appointments were consequently made for this clinic.

The enquiry into the need for tonsillectomy among school children, conducted by the Ministry of Education, was continued : at routine medical inspection a note was made on the children's records and the statistics are given in the following table. It will be seen that the percentages of children who have had tonsillectomy are very similar to those recorded last year.



<i>Group</i>	<i>Total No. of Children examined</i>	<i>Tonsillectomy</i>				<i>Infor- mation not recorded</i>
		<i>Yes</i>	<i>No</i>	<i>Total</i>	<i>% Yes</i>	
Entrants ...	3,931	363	3,390	3,753	9.6 (9.2)	178
Second Age Group (10 years) ...	3,449	781	2,221	3,002	26.0 (26.1)	347
Third Age Group (Last year at school) ...	1,462	367	994	1,361	26.9 (25.9)	101
Additional Periodics ...	1,102	263	739	1,002	26.2 (20.7)	100

The percentages in brackets refer to the findings last year.

### MINOR AILMENT CLINICS

The decrease in the number of children attending the Authority's five Minor Ailment Clinics has continued : over the last four years the numbers have been 1,525, 1,218, 433 and 86. In consequence the Education Committee has decided that the Clinics should close.

The Head Teachers concerned have been advised of the addresses of the Health Visitors with whom they may get in touch should the need arise.

### NUTRITION

The standard of nutrition as recorded at routine school medical inspections continued to be very good ; the percentages found satisfactory were :

Entrants	...	...	...	...	99.0 (99.4 in 1956)
Second Age Group	...	...	...	...	99.4 (99.2 in 1956)
Third Age Group	...	...	...	...	99.6 (99.0 in 1956)
Additional Periodic Inspections	...	...	...	...	97.7 (97.0 in 1956)



## **VERMINOUS CONDITIONS**

The procedure adopted in 1956 under which Health Visitors visited only once a term those schools with an unbroken two-year record of all pupils being found free from nits, was continued during the year under review. A total of 89,908 individual examinations were made, as compared with 97,057 the previous year and 510 pupils were found to be infested with nits or vermin (481 in 1956). I am satisfied that the new procedure has not resulted in members of the hard core of verminous families avoiding supervision by the health visiting staff.

## **NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN**

The Inspectors of the Society have continued to do good work amongst school children and have reported that a total of 213 cases were investigated.

## **SCHOOL PREMISES**

The County Public Health Inspector continued his survey of sanitary offices and very great improvements have been noted, particularly in the rural areas, resulting from the conversion of the former insanitary fittings to water closets.

Piped water supply is now general throughout the County and the completion of many sewerage schemes has facilitated these improvements. In other instances, when sewerage schemes are not anticipated just yet, means of sewage disposal have been provided on or near the school site.

Recommendations, mostly concerning minor defects or replacement of worn or defective fittings, have been submitted to the Chief Education Officer concerning 43 of the schools visited.

The improvements effected generally in many of the rural schools by the provision of modern sanitation and by redecoration, adaptation or improvement of the buildings, have in many cases transformed former sub-standard schools into very pleasant ones with modern sanitation.

## SCHOOL DENTAL REPORT

There has been a slight increase in staffing in 1957 as a result of the appointment early in the year of three more part-time dental surgeons ; Mr. H. C. Parker, Mrs. F. J. Campbell of Wellingborough, and Mr. L. Koplowicz of Northampton. Unfortunately, however, the latter resigned towards the end of the year owing to pressure of work in his own practice.

In continuation of the policy of employing doctors to give general anaesthetics, another of our School Medical Officers, Dr. M. C. Goodchild, has been assisting in the Corby area, in addition to Dr. M. Smail at Kettering. Dr. D. W. Robertson, a general medical practitioner, continues to give his valuable help at Northampton.

As a result of the slightly better staffing there has been a welcome increase in the number of fillings performed, amounting to 1,688 or about 18% more. The other figures show no significant differences, however, from 1956.

No major projects were commenced during the year but certain alterations were carried out to three schools to allow access for the Mobile Dental Caravan and this will result in better facilities for treatment in those areas.

In accordance with the policy laid down in the Ministry of Health circular 11/55 two more X-ray apparatuses were installed, one at Rushden and one in the second mobile dental caravan. Both caravans had small mobile units fitted to improve the dental officers' working conditions.

Following the publication of the Report of the " Committee on Recruitment to the Dental Profession " in 1956, much interest has been aroused in Dental Health Education and there have been meetings arranged between the various interested groups ; it is hoped that some information will soon emerge from these. Meanwhile, I have been fortunate enough to have had the opportunity of studying this subject on the Continent and have gained some useful impressions which I hope will be of value in Northamptonshire.

Last year reference was made to a pilot study on the effects of a Campaign for Oral Hygiene among school children and I append here the findings.

“ It is generally assumed that regular cleaning of the teeth after meals reduces the incidence of dental decay and also that the avoidance of eating sweets between meals is desirable. The difficulty is to persuade children to follow this advice and so it was decided to undertake a small pilot scheme to find out :

1. To what extent children are likely to carry out correctly and regularly instructions they have been given regarding the care of their teeth, and
2. What reduction in decay, if any, results from such a campaign.

Two hundred and three boys and girls of 12 years old from four Secondary Modern Schools—Kettering Henry Gotch, Roade, Brackley and Kettering Parish Church—were examined to ascertain their toothbrushing habits, oral hygiene and amount of decay. The pupils from the two former schools were then given detailed instructions and demonstrations on oral hygiene and their parents' co-operation invited. Children from the remaining two schools acted as controls receiving no particular instructions.

On re-examination of the children after ten months it was found :

- (a) only 7.3% of those receiving instructions were carrying out exactly what they had been told, girls, however, showing more co-operation (13%) than boys (1.6%).
- (b) there was an insignificant reduction of decay in the instructed group as a whole.

Boys in the test group, however, showed a decrease of 38% over those in their control group. A possible explanation of this finding is that as the girls in the four schools already had a moderately good standard of oral hygiene before the study was started the instructions had little extra effect on them. The boys, however, in both groups had a poor initial standard and so those receiving instructions profited by them even if, as appears, they did not carry them out fully.

In view of the disappointing results as regards the small number who fully carried out the instructions, it is clear that a more energetic campaign will be necessary if we are to influence children's oral hygiene habits favourably and make them pay regular attention to their teeth. That this is worthwhile may be seen from the considerable reduction in decay observed here in boys. In due



course it is hoped to submit details of a more comprehensive scheme."

Orthodontic treatment has continued to increase as the value of this type of work is appreciated by parents and children, the number of attendances this year being 2,134 as compared with 1,595 in 1956. An example of its value may be given in the case of a patient of 13 years, who had badly overlapping incisors. She was a shy girl and looked rather miserable at the start of the treatment, being obviously conscious of her teeth. The treatment necessitated extracting one, moving two others and finally crowning one to make it a suitable shape and size. When the crown was finally fitted and she had seen it, not only was there a considerable improvement in her appearance but also her general demeanour was better and she was no longer self-conscious about her teeth.

Finally, I would like to thank all my staff both visiting and full-time for their help and co-operation during the year.

D. H. GOOSE.



## SPEECH THERAPY

Two Speech Therapists have continued to be responsible for the Speech Therapy Service in the County during 1957. Attendances at the clinics have been good and co-operation between schools and Therapists and between parents and Therapists has continued to be encouraging.

Some re-organization in the allocation of clinics to each Therapist was made in March. Miss Gossling then took over the Wellingborough Area and Miss Mathias opened two additional clinics in Corby and re-opened a clinic at Raunds. The opening of the clinics in Corby was necessitated by the great increase in school population during the year which is now comparable to that of Kettering. Three sessions are now held in Corby every week with an additional session every other week. Even so, these sessions are not sufficient to cope adequately with the increasing population and it is hoped that it will be possible to open a further clinic in the town in due course. It has still not been possible to open a clinic in Oundle to serve the north-eastern part of the county. The children requiring Speech Therapy in this area receive treatment at monthly or six weekly intervals when the Therapist visits them at their homes. In the south of the county, Roade and the surrounding districts are badly served and it is thought that a clinic should be opened in Roade as soon as possible.

Owing to pressure of work in the clinics it has been impossible to make many school and home visits during the year. These are considered to be of great importance to the Therapists in understanding each individual child and his problems with his school and home environments. Such visits are felt to be essential where children from the more remote country districts are concerned, to make certain that a liaison is maintained between the school, the home and the Therapist. Where practicable it has been found to be beneficial to make use of the County Ambulance Service to ensure that children living in inaccessible areas receive regular weekly or fortnightly treatment rather than treatment once or twice a term when the Therapist visits the home or school. In such cases the co-operation of the teacher must be requested in spending some of his valuable time in helping the child with speech work.

Too much stress cannot be laid upon the importance of regular treatment. Owing to the number of children requiring Speech Therapy it has been found that in many cases it is possible only to give treatment once a fortnight and, in some cases, once a month, whereas it is generally recognized that weekly treatment should be the minimum for satisfactory progress. It is often possible to give individual treatment for a few sessions only before introducing the patient into a group. Ideally, this transfer should be effected gradually and only when a certain standard has been attained. This cannot be, however, if a reasonable period of time is to elapse between the time of referral of a patient to the Speech Therapist and the time of admittance to the Speech Clinic.

As can be seen by the statistics at the end of the report, the majority of patients attending the clinics are treated for defective articulation. The many causative factors of this condition may be grouped as follows :

1. Those defects arising from functional factors.
2. Those defects arising from psychological factors.
3. Those defects arising from physical factors.

One of the numerous physical causes of defective articulation is deafness, a condition which may be severe or slight. Severe deafness is generally diagnosed at an early age but slight deafness may be overlooked. This is due to the fact that a child apparently hears and understands speech and language and, in many cases, this is true. But the child does not perceive all the sounds used in speech and thus obtains a misconception of speech. Consequently, he builds up a language of his own, based on the speech he hears and not on accepted, true speech.

This condition may be illustrated by one of the patients admitted to the Speech Clinic. A girl of  $5\frac{1}{2}$  years was admitted for treatment having a slight degree of deafness resulting in defective articulation. When she first attended the clinic she was quiet and shy and volunteered no speech at all. After a few weeks, however, she gained confidence and began to talk freely. It was difficult to understand her conversation as she substituted a "t" for the "s" sound and all other sibilant sounds. It was obvious that she could not hear the accepted "s" sound, and therefore did not know how to produce it. She has now learned, mainly by visual

methods, how to make the sounds although she still has great difficulty in reproducing it in spontaneous speech. This example would seem to emphasize the importance of diagnosing the cause of a speech defect. Had the cause of the defect not been known here, the child's progress would have been greatly hindered by the lack of understanding and insight into the case.

In the report of 1954 it was mentioned that two children from the county had been admitted to Moor House School for Speech Defective Children in Surrey. One child from Kettering was discharged from the School in April, 1957, having spent just over two years at the School. His speech is now normal but he attends a Speech Clinic in Kettering once a fortnight to ensure that a good standard is maintained. He is taking part in school affairs and is adapting himself well to social activities. The second child from Little Billing was at Moor House for two years and has now returned home, his speech being much improved.

In 1958 it is hoped that two more boys suffering from severe speech defects will be admitted to the Preparatory Department of Moor House School. With the regular treatment and constant attention given at the School it is hoped that speech and general adjustment will be greatly improved.

### Speech Therapy

Total number of attendances .....	7,625
Number of new patients .....	227
Number of patients discharged.....	154
Number of patients left district .....	8
Number of patients refused treatment .....	2
Number of patients failed to attend interview .....	1
Number of patients under treatment on December 31st .....	336
Number of patients deferred.....	100
Number of patients on waiting list .....	77
Number of patients on register on December 31st.....	436
Comprising :	
(1) Defective articulation .....	332
(2) Cleft palate .....	3
(3) Cerebral palsy .....	16
(4) Stammering .....	81
(5) Voice disorders .....	4
Number of patients treated during the year .....	558



## CHILD GUIDANCE CLINIC

Dr. Paul H. Rogers, the Consultant Psychiatrist, has given me a report from which the following are quoted :

The year has been marked by a few important changes : in May Mr. F. D. Payne joined the clinic staff as Social Worker. While not a formally trained P.S.W. he has had long experience of mal-adjusted boys and their families, and he is a great asset to the team.

In April, Dr. Wilkinson started a fortnightly session at St. John's Approved School, Tiffield. Those boys most needing treatment have been seen and problems discussed with the Staff.

At the end of September, the rooms at County Hall were vacated and four rooms, newly decorated and furnished, on the first floor of 28 Billing Road were taken over as the main clinic premises. The rest of this house is used by other Youth agencies, and although our rooms are also used by the W.E.A., they are a great improvement on those in County Hall.

As an experimental measure, monthly Case Conferences were started in October. To these are invited other doctors concerned in the care of the child, as well as, when appropriate, the Head Teacher and Probation Officer. The primary aim is to improve mutual understanding of different aspects of the child's problems and of our approaches to them, and so help in over-all treatment. It is hoped that in future these conferences will serve as a basis for instruction for nurses and junior doctors. Their relatively open character limits the type of case, and the depth to which each can be considered, but the few so far held have been worth while, and they are being continued in their present form for the time being.

**Comment.** Referrals decreased. I believe that a major factor marring the usefulness and hindering the acceptance of the Child Guidance Service is the length of the waiting list. Several doctors have said to me that they would refer many more cases were there not such delay. The present policy is therefore to reduce the length of the waiting list for diagnostic interview and to start one for those needing treatment if the case load necessitates this. The fact that fewer new cases were seen may be related to the size of the case load under treatment and has dictated the recent change in policy.

The substantial increase in psychiatric sessions already recommended by the Area Department is a prerequisite of the development of a satisfactory service.



## SCHOOL MILK SUPPLIES

### Report of County Public Health Inspector

All the 293 maintained schools are provided with liquid milk, bottled.

A number of changes in suppliers took place but all new supplies were investigated before approval.

Milk is delivered to one school in pint bottles, but at all the remaining schools—292 out of 293—milk is supplied in individual one third pint bottles with drinking straws.

The county was included in a Specified Area in which the sale of non-designated milk is prohibited, and all schools now receive either pasteurised or tuberculin tested milk.

Details of school milk supplies as at December 31st, 1957, are set out in the following table :

			<i>Pasteurised</i>	<i>Tuberculin Tested</i>	<i>No. of Schools</i>
Primary Schools	...	...	239	9	248
Secondary Modern	...	...	25	1	26
Secondary Technical	...		4	—	4
Secondary Grammar and High	...	...	9	—	9
Special	...	...	4	—	4
Nursery	...	...	2	—	2
			279	10	289
			(280)	(10)	(292)

(Figures in brackets are the corresponding totals for previous year, and include two schools supplied with non-designated milk.)

There are now 52 suppliers of pasteurised milk, many of whom are local distributors, as the milk is bottled at one or other of 14 pasteurising plants, four of which are licensed by the County Council and three by Northampton County Borough Council ; the other sources of supply are outside the County boundaries. There are nine suppliers of tuberculin tested milk, of whom all but one are producer-retailers.

**Non-maintained schools.** As from September 1st, 1956, the County Council as the Education Authority became responsible for the provision of milk for pupils attending these schools.

At the end of the year suppliers had been approved to all 28 of the schools. In all instances the suppliers also supply other schools in the County.

**Summary**

Number of non-maintained schools supplied with pasteurised milk .....	25
Number of non-maintained schools supplied with tuberculin tested milk .....	3
	<hr/>
	28
	<hr/>

Each of the suppliers of tuberculin tested milk are producer-retailers.

**Sampling.** A system of selective sampling by the County Public Health Inspector of milk supplied to schools was continued, samples being taken from suppliers rather than from individual schools. All samples were submitted to the Methylene Blue test for keeping quality. In addition, samples of pasteurised milk were submitted to the Phosphatase test to ensure that pasteurisation had been efficient, while raw milk samples were examined biologically for the presence of tubercle bacillus.

Thirty supplies to schools were sampled during the year and the results were :

	<i>Passed</i>	<i>Failed</i>	<i>Invalid or Not Tested</i>	<i>Total</i>
(a) <b>Pasteurised</b>				
Methylene Blue Test .....	19	—	—	19
Phosphatase Test .....	19	—	—	19
(b) <b>Tuberculin Tested</b>				
Methylene Blue Test .....	9	—	—	9
Biological examination for tubercle bacilli .....	9	—	—	9
(c) <b>Non-designated</b>				
Methylene Blue Test .....	2	—	—	2
Biological examination for tubercle bacilli .....	2	—	—	2

(These samples were taken early in the year before the sale of non-designated milk was prohibited.)

The above samples were also examined for butter fat and non-fatty solids in the Health Department Laboratory. One sample was below the statutory milk fat content, but all samples were found to be satisfactory as regards solids-not-fat. The results of these tests were notified to the Chief Inspector, Food and Drugs, for further action where necessary, and also to avoid duplication of sampling by the officers of the two departments.

In summary, the milk supplies to schools in the County are satisfactory. All receive milk which is either pasteurised or tuberculin tested, so that the risk of tuberculosis from drinking school milk is eliminated.

## SCHOOL MEALS SERVICE AND THE MILK IN SCHOOLS SCHEME

The Chief Education Officer has kindly supplied the following figures relating to the school milk and meals services :

### School Meals Service

	<i>October, 1956</i>	<i>October, 1957</i>
Number of Canteens and Dining Centres	181	189
Numbers of Primary and Secondary school children taking midday meal daily .....	13,748	13,211
Percentage of Primary and Secondary school children present in school taking meal .....	33.14%	32.06%

### Milk in Schools Scheme

Percentage of children taking milk :

Primary and Secondary schools .....	80.43%	79.76%
Nursery schools .....	100%	100%



**TABLE I**

**Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)**

**A.—PERIODIC MEDICAL INSPECTIONS**

Number of Inspections in the prescribed groups :

Entrants .....	3931
Second Age Group (10 years of age) .....	3449
Third Age Group (last year at school) .....	1462

Total .....	8842
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Additional Periodic Inspections .....	1102
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Grand Total .....	9944
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**B.—OTHER INSPECTIONS**

Number of Special Inspections .....	2612
Number of Re-inspections .....	100

Total .....	2712
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**TABLE II**  
**Return of Defects found by Medical Inspection**

A—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	Periodic Inspections				Total (inc. all other age groups inspected)	
		Entrants		Leavers			
		Requir- ing Treat- ment (3)	Requir- ing Observa- tion (4)	Requir- ing Treat- ment (5)	Requir- ing Observa- tion (6)	Requir- ing Treat- ment (7)	Requir- ing Observa- tion (8)
(1)	(2)						
4	Skin ... ..	7	40	17	8	42	88
5	Eyes—(a) Vision ...	128	250	94	30	496	508
	(b) Squint ...	10	62	—	1	26	98
	(c) Other ...	1	19	—	—	4	36
6	Ears—(a) Hearing ...	4	7	1	—	7	28
	(b) Otitis Media ...	1	98	2	3	6	153
	(c) Other ...	3	8	—	—	6	21
7	Nose and Throat ...	38	738	7	13	71	946
8	Speech ... ..	31	63	3	1	47	92
9	Lymphatic Glands ...	1	331	—	—	3	433
10	Heart ... ..	5	52	7	12	17	138
11	Lungs ... ..	7	153	2	8	14	223
12	Developmental—						
	(a) Hernia ... ..	2	5	—	—	6	11
	(b) Other ... ..	2	109	2	1	16	195
13	Orthopædic—						
	(a) Posture ... ..	8	116	3	8	26	217
	(b) Feet ... ..	38	92	2	3	61	169
	(c) Other ... ..	40	133	20	11	109	249
14	Nervous system—						
	(a) Epilepsy ... ..	—	7	—	—	7	20
	(b) Other ... ..	2	11	—	4	6	54
15	Psychological—						
	(a) Development ...	15	86	1	1	31	128
	(b) Stability ... ..	1	27	—	—	3	41
16	Abdomen ... ..	—	4	—	—	1	7
17	Other ... ..	2	61	6	3	20	125

**TABLE III**  
B—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin ... ..	16	16
5	Eyes—(a) Vision ... ..	157	143
	(b) Squint ... ..	4	35
	(c) Other ... ..	4	10
6	Ears—(a) Hearing ... ..	6	17
	(b) Otitis Media ... ..	5	20
	(c) Other ... ..	—	12
7	Nose and Throat ... ..	65	201
8	Speech ... ..	21	26
9	Lymphatic Glands ... ..	7	97
10	Heart ... ..	6	45
11	Lungs ... ..	10	46
12	Developmental—		
	(a) Hernia ... ..	2	1
	(b) Other ... ..	7	51
13	Orthopædic—		
	(a) Posture ... ..	7	26
	(b) Feet ... ..	19	51
	(c) Other ... ..	27	67
14	Nervous system—		
	(a) Epilepsy ... ..	1	10
	(b) Other ... ..	4	20
15	Psychological—		
	(a) Development ... ..	18	30
	(b) Stability ... ..	—	9
16	Abdomen ... ..	—	2
17	Other ... ..	1	26

**TABLE IV**  
**Pupils found to require treatment**  
(Excluding dental diseases and infestation with vermin)

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Tables II & III	Total individual pupils
(1)	(2)	(3)	(4)
Entrants .....	128	205	324
Second Age Group .....	202	154	345
Third Age Group.....	94	73	162
Total (prescribed groups) ...	424	432	831
Additional Periodic Inspections .....	72	71	142
Grand Total .....	496	503	973

TABLE V    HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR  
BOARDING IN BOARDING HOMES

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically Handicapped	(7) Educationally sub-normal (8) Maladjusted	(9) Epileptic	TOTAL 1-9
In the calendar year ended 31st Dec., 1957 :	(1)	(2)	(5)	(7)	(9)	
A. Handicapped Pupils <i>newly</i> <i>placed</i> in Special Schools or Boarding Homes ...	1	1	15	88	—	121
B. Handicapped Pupils <i>newly</i> <i>ascertained</i> as needing spe- cial educational treatment at Special Schools or in Boarding Homes ...	1	1	14	72	1	112
On 31st Dec., 1957 :						
C. Number of Handicapped Pupils						
(i) on the registers of Special Schools as						
(a) Day Pupils ...	—	—	16	120	—	166
(b) Boarding Pupils	8	14	10	64	3	120
(ii) on the registers of in- dependent schools un- der arrangements made by the Authority ...	—	—	—	1	—	6
(iii) boarded in Homes ...	—	—	1	—	—	17
Total C ...	8	14	27	185	3	309



Handicapped Pupils requiring education at special schools or boarding in boarding homes (continued)—

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically Handicapped	(7) Educationally sub-normal (8) Maladjusted	(9) Epileptic	TOTAL 1-9
D. Number of Handicapped Pupils being educated under arrangements made under Sec. 56 of the Education Act, 1944 :	(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)	
(i) in hospitals ...	—	—	—	—	—	—
(ii) in other groups ...	—	—	—	—	—	—
(iii) at home ...	—	—	8	—	—	8
E. Number of Handicapped Pupils requiring places in special schools :						
Day ...	—	—	2	66	—	69
Boarding... ..	4	2	1	82	1	96

**TABLE VI**  
**School Eye Clinics**

<i>Centre</i>	<i>No. Clinic Sessions Held</i>	<i>No. Old Cases</i>	<i>No. New Cases</i>	<i>Total Seen</i>
Corby Nuffield Diagnostic Centre ...	41	252	63	315
Daventry County Modern School ...	11	117	16	133
Kettering Stockburn Memorial Home ...	40	481	164	645
Northampton Guildhall Road ...	30	287	94	381
Oundle County Modern School ...	5	51	18	69
Rushden Memorial Hospital ...	27	358	102	460
Thrapston Baptist Rooms... ..	9	103	15	118
Towcester Grammar School ...	6	44	29	73
Wellingborough Oxford Street Clinic ...	39	470	130	600
Woodford Halse County Modern School...	3	24	12	36
	211 (249)	2187 (2454)	643 (682)	2830 (3136)

(The figures in brackets refer to 1956)

**TABLE VII**

**Eye diseases, defective vision and squint**

					Number of cases dealt with.	
					By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	...	...	...	...	—	2
Errors of refraction (including squint)	...	...	...	...	—	2830
Total					—	2832
Number of pupils for whom spectacles were prescribed						1343

**TABLE VIII**

**Orthopædic and postural defects**

					By the Authority.	Otherwise.
Number of pupils known to have been treated at clinics or out-patient departments	...	...	...	...	Nil	1346

**TABLE IX**

**Diseases and defects of ear, nose and throat**

					Number of cases dealt with.	
					By the Authority.	Otherwise.
Received operative treatment						
(a) for diseases of the ear	...	...	...	...	—	—
(b) for adenoids and chronic tonsillitis	...	...	...	...	—	531
(c) for other nose and throat conditions	...	...	...	...	—	—
Received other forms of treatment	...	...	...	...	—	—
Total					—	531
Total number of pupils in schools who are known to have been provided with hearing aids :						
(a) in 1957	...	...	...	...	—	3
(b) in previous years	...	...	...	...	—	5

**TABLE X**  
**Minor Ailment Clinics**

Atten- dances	Ringworm		Scabies	Impe- tigo	Other skin diseases	Eye Defects	Ear Defects	Miscel- laneous
	Scalp	Body						
86 (433)	3 (—)	— (—)	— (—)	— (5)	8 (19)	9 (15)	— (6)	11 (32)

The figures in brackets refer to 1956

**TABLE XI**  
**Classification of the Physical Condition of Pupils inspected  
in the Age Groups**

<i>Age Groups Inspected</i>			<i>Number of Pupils Inspected</i>	<i>Satisfactory</i>		<i>Unsatisfactory</i>	
				<i>No.</i>	<i>% of Col. (2)</i>	<i>No.</i>	<i>% of Col. (2)</i>
(1)			(2)	(3)	(4)	(5)	(6)
Entrants ...	...	...	3931	3892	99.0	39	1.0
Second Age Group	...	...	3449	3430	99.4	19	0.6
Third Age Group...	...	...	1462	1456	99.6	6	0.4
Additional Periodic Inspections ...	...	...	1102	1077	97.7	25	2.3
Total	...	...	9944	9855	99.1	89	0.9



TABLE XII

Infestation with Vermin

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons .....	89,908
(ii)	Total number of individual pupils found to be infested	510
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .....	Nil
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .....	Nil

TABLE XIII

Diseases of the skin

(Excluding uncleanness, for which see Table XII)

						Number of cases treated or under treatment during the year by the Authority.
						<hr/>
Ringworm—(i)	Scalp	...	...	...	...	3
	(ii) Body	...	...	...	...	—
Scabies	...	...	...	...	...	—
Impetigo	...	...	...	...	...	—
Other skin diseases	...	...	...	...	...	8
						<hr/>
Total		...	...	...	...	11
						<hr/>

TABLE XIV

## Dental Inspection and Treatment

(1)	Number of pupils inspected by the Authority's Dental Officers :						
	(a) At Periodic Inspections	...	...	...	...	...	21517
	(b) As Specials	...	...	...	...	...	2440
	Total (1)	...	...	...	...	...	23957
(2)	Number found to require treatment	...	...	...	...	...	15344
(3)	Number offered treatment	...	...	...	...	...	12458
(4)	Number actually treated	...	...	...	...	...	9039
(5)	Number of attendances made by pupils for treatment (including those recorded at heading (11) )					...	21307
(6)	Half days devoted to : Periodic Inspection	...	...	...	...	...	197
	Treatment	...	...	...	...	...	†2424
	Total (6)	...	...	...	...	...	2621
(7)	Fillings : Permanent Teeth	...	...	...	...	...	10089
	Temporary Teeth	...	...	...	...	...	1204
	Total (7)	...	...	...	...	...	11293
(8)	Number of teeth filled : Permanent Teeth	...	...	...	...	...	9358
	Temporary Teeth	...	...	...	...	...	1148
	Total (8)	...	...	...	...	...	10506
(9)	Extractions : Permanent Teeth	...	...	...	...	...	4220
	Temporary Teeth	...	...	...	...	...	10395
	Total (9)	...	...	...	...	...	14615
(10)	Administration of general anaesthetics for extraction	...	...	...	...	...	6148
(11)	Orthodontics :						
	(a) Cases commenced during the year	...	...	...	...	...	220
	(b) Cases carried forward from previous year	...	...	...	...	...	144
	(c) Cases completed during the year	...	...	...	...	...	90
	(d) Cases discontinued during the year	...	...	...	...	...	44
	(e) Pupils treated with appliances	...	...	...	...	...	211
	(f) Removable appliances fitted	...	...	...	...	...	313
	(g) Fixed appliances fitted	...	...	...	...	...	1
	(h) Total attendances	...	...	...	...	...	2134
(12)	Number of pupils supplied with artificial dentures	...	...	...	...	...	48
(13)	Other operations : Permanent Teeth	...	...	...	...	...	2772
	Temporary Teeth	...	...	...	...	...	4392
	Total (13)	...	...	...	...	...	7164

† Child Welfare and Ante-natal patients also treated at these sessions.

In addition, 264 sessions were spent in assisting at the general anaesthetic sessions of other dental officers.

**TABLE XV**  
**Child Guidance Clinic**

<b>A (i)</b>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
No. of cases referred during year .....	66	48	114
No. of cases waiting to be seen on Jan. 1st, 1957 .....	27	14	41
No. of cases seen by Psychologist and Psychiatrist ...	47	30	77
No. of cases seen by Psychiatrist only .....	16	9	25
(including cases referred by Psychologist)			
No. of cases not seen .....	18	10	28
No. of cases waiting to be seen on Dec. 31st, 1957.....	12	13	25
Cases under psychotherapeutical treatment on Jan. 1st, 1957 .....	47	18	65
New cases taken on for psychotherapeutical treatment during year .....	38	34	72
No. under psychotherapeutical treatment on Dec. 31st, 1957 .....	64	45	109
Psychotherapeutical cases discharged during year .....	21	7	28
Cases awaiting psychotherapeutical treatment on Dec. 31st, 1957 .....	—	—	—
<b>REFERRED BY :</b>			
Parents .....	5	6	11
Head Teachers .....	8	4	12
School Medical Officers .....	12	7	19
Chief Education Officers .....	1	3	4
Family Doctors.....	15	12	27
Hospital Consultants .....	5	6	11
Health Visitors .....	—	1	1
Children's Officers .....	4	4	8
Magistrates and Probation Officers .....	13	4	17
Others.....	3	1	4
<b>REFERRED FOR :</b>			
Nervous Disorders .....	5	8	13
Habit Disorders .....	13	8	21
Behaviour Disorders .....	48	30	78
Organic Disorders .....	—	2	2
Psychotic Disorders .....	—	—	—
<b>(ii)</b>			
No. of children discharged from Holyrood Hostel during year.....			5
No. of children admitted to Holyrood Hostel .....			5
No. of children removed by parents .....			3
No. of children discharged from Rostrevor Hostel during year .....			3
No. of children admitted to Rostrevor Hostel.....			4
No. of children removed by parents .....			1
No. of children in Residential Schools for Maladjusted Children.....			10

## SCHOOL PSYCHOLOGICAL SERVICE

<b>B</b>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
No. of cases referred during year .....	87	45	132
No. of cases seen by Psychologist .....	85	45	130
No. of cases waiting to be seen by Psychologist on Dec. 31st, 1957 .....	13	12	25
No. of cases waiting to be seen on 1st Jan., 1957 .....	15	14	29
No. of cases referred to Psychiatrist .....	3	1	4
No. of cases not seen .....	4	2	6

### REFERRED BY :

Parents .....	1	1	2
Head Teachers .....	70	28	98
School Medical Officers .....	8	13	21
Chief Education Officers .....	7	1	8
Family Doctors .....	1	1	2
Hospital Consultants .....	2	4	6
Children's Officers .....	1	2	3
Others.....	11	9	20

### REFERRED FOR :

Backwardness at school (including suspected Educational Sub-normality) .....	38	19	57
Other Educational Problems .....	39	27	66
Secondary School Selection.....	—	—	—
Consideration for " Experimental " Classes .....	15	2	17
Consideration for " Remedial Teaching " .....	—	—	—
Re-examinations .....	9	9	18
Children receiving Remedial Teaching by Psycho- logist during 1957.....	5	—	5



## CLINICS ATTENDED BY SCHOOL CHILDREN

### DENTAL

Corby.  
Samuel Lloyd Modern School Clinic  
Kettering.  
Stockburn Memorial Home  
Northampton. Guildhall Road  
Rushden. 17 Griffith Street  
Wellingborough. Oxford Street

### REFRACTION

Corby. Diagnostic Centre  
Kettering.  
Stockburn Memorial Home  
Northampton. Guildhall Road  
Rushden. Memorial Hospital  
Wellingborough. Oxford Street

### CHILD GUIDANCE

Kettering. School Lane Clinic  
Northampton. 28 Billing Road  
Wellingborough. Oxford Street

### EAR, NOSE AND THROAT

Corby. Diagnostic Centre  
Kettering. General Hospital  
Northampton. General Hospital  
Rushden. Memorial Hospital

### SPEECH THERAPY

Kettering.  
Stockburn Memorial Home  
Northampton. Guildhall Road  
Rushden. 17 Griffith Street  
Wellingborough. Oxford Street

### MINOR AILMENTS

Corby.  
Samuel Lloyd Modern School Clinic  
Kettering.  
Stockburn Memorial Home  
Wellingborough.  
Croyland Road Infants' School  
Wellingborough. Oxford Street





